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FILED

Jan 11, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P00000089008 **Secretary of State** 1. Entity Name 01-11-2002 90001 009 \*\*\*158.75 RICHTEC, INC. Principal Place of Business Mailing Address 3300 SW 34TH AVENUE SUITE 104 3300 SW 34TH AVENUE SUITE 104 OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1039581 Not Applicable Zip Country Ziổ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERALD A. GUTMAN INTERNATIONAL EXECUTIVE CONSULTANTS Street Address (P.O. Box Number is Not Acceptable) 3706 N OCEAN BLVD #420 FT LAUDERDALE FL 33308 OCALA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Gerald SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 GUTMAN, GEVALD A. A Change Add 860 N.E. 120 TB PLACE OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete **GUTMAN, GERALD A** NAME NAME 62 HASTINGS DR STREET ADDRESS STREET ADDRESS FL 34479-1063 FT SALONGA NY 11768-2522 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition DILE STD ☐ Delete NAME SHEARGOLD, ROBERT ALBERT NAME STREET ADDRESS 3 WELLLANE, CLARE, SUDBURY, SUFFOLK STREET ADDRESS UNITED KINGDOM CITY:ST:7(P) CITY-ST-7IP -TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Signing Officer On Director President Date 25 Days